

SmallPHAPlanUpdate

AnnualPlanforFiscalYear: 2002

**Thief River Falls Housing and Redevelopment
Authority**

**NOTE:THISPHAPLANSTEMPL ATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Thief River Falls Housing and Redevelopment Authority

PHANumber: MN 027

PHAFiscalYearBeginning:(mm/yyyy) 07/2001

PHA Plan Contact Information:

Name: Barb Drees

Phone: (218) 681-5995

TDD: Not Available

Email(if available): trfhra@mncable.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

AnnualPHAPlan FiscalYear2001

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment B(1): Status of 2001 Capital Fund Program	
Attachment F: Voluntary Conversion Information	

ii. Executive Summary

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1.Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No changes to the policies or programs discussed in last years PHA Plan are anticipated. Since last year, however, the PHA has conducted its "Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments" and has concluded:

1. the conversion would likely be more costly than continuing to operate the development as public housing because the TRFHR does not have a voucher program and would have to incorporate that element into its management staffing.
2. conversion could have an adverse effect on the availability of affordable housing in the community.

2.Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$95,583**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 -Year Action Plan

The Capital Fund Program 5 -Year Action Plan is provided as **Attachment C**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as **Attachment B**

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p))intheplanFiscalYear? (If“No”,skiptonextcomponent; if
 “yes”,completeoneactivitydescriptionforeachdevelopment.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)
1a.Developmentname: 1b.Development(project)number:
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3.Applicationstatus(select one) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>
4.Dateapplicationapproved,submitted,orplannedforsubmission: (DD/MM/YY)
5.Numberofunitsaffected: 6.Cover ageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment
7.Relocationresources(selectallthatapply) <input type="checkbox"/> Section8for units <input type="checkbox"/> Publichousingfor units <input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8 <input type="checkbox"/> Otherhousingfor units(describellow)
8.Timelineforactivity: a. Actualorprojectedstartdateofactivity: b. Actualorprojectedstartdateofrelocationactivities: c.Projectendeddateofactivity:

4.VoucherHomeownershipProgram

[24CFRPart903.79(k)]

A. ☐Yes ☒No: DoesthePHAplantoadministeraSection8Homeow nershipprogram pursuanttoSection8(y)oftheU.S.H.A.of1937,asimplementedby24 CFRpart982? (If“No”,skiptonextcomponent; if“yes”,describeeac programusingthetablebelow(copyandcompletequestionsforeach programidentified.)

B.C apacityofthePHAtoAdministeraSection8HomeownershipProgram

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? **\$Not Applicable**
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☒ No: The PHDEP Plan is attached at Attachment _____

6.OtherInformation

[24CFRPart903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)
Applicable

Not

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) **State of Minnesota – Minnesota Housing Finance Agency**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs off families in the jurisdiction on the need expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- **Serving extremely low and low income residents**
- **Serving those with special needs**

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define an annual deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

If the HRA proposes a significant change its Mission Statement, or changes, revises, or otherwise significantly alters its established goals (in terms of actually abandoning the goal or significantly reducing its stated quantifiable measures), it will be considered to be a substantial deviation from the 5 Year Plan.

A. Significant Amendment or Modification to the Annual Plan:

If the HRA's Statement of Housing Needs changes, resulting in the identified strategies to meet these needs being altered or eliminated, and it is determined that such an action has the potential to negatively impact the delivery of one or more of the currently established HRA programs, then such change would be considered to be a Significant Amendment or Modification to the Annual Plan and would "trigger" a full public hearing and HUD review prior to implementation.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
✓	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
✓	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
✓	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
✓	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
✓	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
Not Applicable	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
Not Applicable	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
Not Applicable	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Not Applicable	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
✓	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
Not Applicable	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
Not Applicable	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
Not Applicable	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
✓	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
Not Applicable	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
✓	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
Not Applicable	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
Not Applicable	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
Not Applicable	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
Not Applicable	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
Not Applicable	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
Not Applicable	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
Not Applicable	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
Not Applicable	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
Not Applicable	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
✓	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
Not Applicable	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
Not Applicable	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
Not Applicable	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
✓	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
Not Applicable	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENTB(1) -STATUSOFMN46PO2750101Funding

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)P				art1:Summary	
PHAName: ThiefRiverFallsHousingand RedevelopmentAuthority		GrantTypeandNumber CapitalFundProgram : MN46PO2750101 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:12/31/2001 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$16,500		\$16,500	\$16,500
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$2,000		\$1,852.50	\$1,852.50
8	1440SiteAcquisition				
9	1450SiteImprovement	\$25,574		\$22,176.20	\$22,176.20
10	1460DwellingStructures	\$34,000			
11	1465.1DwellingEquipment —Nonexpendable	\$23,000		\$21,789.24	\$21,789.24
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Dem olition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$101,074		\$69,337.38	\$69,337.38

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)P						art1: Summary			
PHAName: Thief River Falls Housing and Redevelopment Authority			Grant Type and Number Capital Fund Program : MN46PO2750101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001			
<input type="checkbox"/> Original Annual Statement						<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001						<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost			Total Actual Cost				
21	Amount of line 20 Related to LBP Activities	\$2,000			\$1,852.50	\$1,852.50			
22	Amount of line 20 Related to Section 504 Compliance	\$0							
23	Amount of line 20 Related to Security	\$0							
24	Amount of line 20 Related to Energy Conservation Measures	\$0							

STATUS OF MN46PO2750101 Funding - Continued

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Thief River Falls Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program#: : MN46PO2750101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN027 -001	Shingle/Roof Repair -Main Bldg.	1460	1	\$10,000		\$0	\$0	
MN027 -001	Install Stoves in 62 units	1465.1	62	\$23,000		\$21,789.24	\$21,789.24	
MN027 -001	Repair Central Air Conditioning	1460	1	\$3,000		\$1,019.44	\$1,019.44	
MN027 -001	Water Treatment System Improvements	1460	1	\$10,000		\$0	\$0	
MN027 -001	Carpet Replacement in 2 handicapped units	1460	2	\$5,000		\$0	\$0	
MN027 -001	Construct shuffleboard area	1450	1	\$2,560		\$2,560	\$2,560	
MN027 -001	Lead Based Paint Assessment	1430	65	\$2,000		\$1,852.50	\$1,852.50	
MN027 -001	Overlay & add to Parking Lot, Repair and Construct Sidewalks, add Lighting	1450	65	\$23,014		\$19,816.20	\$19,816.20	
MN027 -001	Replace Carpet in Community Room and Sun Room	1460	65	\$6,000		\$6,000	\$6,000	
HA-Wide	Operations	1406	65	\$16,500		\$16,500	\$16,500	

STATUS OF MN46PO2750101 Funding - Continued

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartIII:ImplementationSchedule

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Thief River Falls Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program#: MN46PO2750101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

ATTACHMENTB(2)

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName: ThiefRiverFalls Housingand RedevelopmentAuthority		GrantTypeandNumber CapitalFundProgram : MN46PO2750102 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$3,000			
8	1440SiteAcquisition				
9	1450SiteImprovement	\$13,000			
10	1460DwellingStructures	\$79,583			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$95,583			
21	Amountoffline20RelatedtoLBPActivities	\$0			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Thief River Falls Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program : MN46PO2750102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance	\$0			
23	Amount of line 20 Related to Security	\$16,400			
24	Amount of line 20 Related to Energy Conservation Measures	\$0			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: ThiefRiverFallsHousingand RedevelopmentAuthority		GrantTypeandNumber CapitalFundProgram#: : MN46PO2750102 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2002		
DevelopmentNumber Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN027 -001	InstallCrawlSpaceThermal Barriers.	1460	4quadrants	\$56,600				
MN027 -001	Sidewalk,Pad&Ramp Installation	1450	1200Sq. Ft.&1pad 1ramp	\$7,000				
MN027 -001	SecurityCameras&Lighting	1460	4cameras + equipment	\$10,400				
MN0 27-001	Lighting	1450	29postsfor lighting updates	\$6,000				
MN027 -001	HireA/E	1430	LumpSum	\$3,000				
MN027 -001	ReplaceAtriumCarpet	1460	Atrium	\$12,583				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

ATTACHMENT C

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHA need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN027 -001	Skylight Apartments	
Thief River Falls Housing and Redevelopment Authority		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Atrium Carpets	\$15,417	2003
Ventilate Crawl Space	\$16,000	2003
Weatherstrip doors	\$11,400	2003
Paint 25 units	\$12,500	2004
Re-carpet 20 Units	\$40,000	2004
Install Air - Air Exchange Unit	\$52,000	2004
Paint 25 Units	\$12,500	2005
Re-carpet 20 Units	\$40,000	2005
Window installation in Atriums	\$20,000	2005
Install Atrium Door Security System	\$18,500	2006
Install isolator brackets on transformers	\$4,000	2006
Replace Carpet in Office	\$4,000	2006
Replace Counter in Office	\$3,000	2006
Purchase Computer Stands	\$1,000	2006
Construct Gazebo	\$10,000	2006
Total estimated cost over next 5 years	\$260,317	

Required Attachment D: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis

☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: December 31, 2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mark Borsheim, Mayor of Thief River Falls

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The members of the Resident Advisory Board are:

1. Lucille Hams
2. Evelyn Anderson
3. Lillie Johnson

ATTACHMENT F: VOLUNTARY CONVERSION INITIAL ASSESSMENTS

- a. **How many of the PHA's developments are subject to the Required Initial Assessments?**

1 development

- b. **How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (eg., elderly and/or disabled developments not general occupancy projects)?**

None

- c. **How many Assessments were conducted for PHA's covered developments?**

One

- d. **Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

The development was not deemed to be appropriate for conversion based on the required initial assessment.

Development Name	Number of Units

- e. **If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:**